	onnecticut Depa					-	-			ction	
	Water Qual	lity Monit	oring a	and Con							
	/S Name					fication			Own		rimary Source
	IOS LAKE BEACH-SYSTEM	2:CAMPGROUN	D WELL			NC		10		Р	GW
Local Address (when	re applicable)		Service	Residen	tial C	ommerci	ial In	ndustria		Combined	Agricultural
HOLLOWELL ROAD			Connectio	ons		1					
Towns Served: PRES	STON										
				quireme	nts						
	ility: DISTRIBUTION SY	STEM (WSFI	D: 00600)								
Total Coliform (3	•				_						per quarter
	t (Sampling Point ID)	.		Monitori	-		ollect	ion Per	iod	Compl	iance Status
Select from Inv	entory of Active Sampling	Points		4/1/24 -							
	()			7/1/24 -	9/30/	24				. ()	
Physical Paramet											per quarter
	t (Sampling Point ID)	Delinte		Monitori	_		ollect	ion Per	iod	Compi	iance Status
Select from Inv	entory of Active Sampling	Points		4/1/24 -							
				7/1/24 -	9/30/	24					
	ility: ENTRY POINT (W	/SF ID: 00700)									1
Nitrate And Nitri										-	RT) per year
	t (Sampling Point ID)			Monitori	_		ollect	ion Per	IOd		iance Status
ENTRY POINT (3)			1/1/23 -						Co	omplete
				1/1/24 -							
		Othor C	omplian	1/1/25 -							
Compliance Schodu	le Activity	Other C	ompilai					Achiev	ad D	erte.	
					Due Do			Achiev	ea D	ate	
SEASONAL START U					5/1/20		-				
	Water Sy	stem Facili	ity and S	Sampling	Poir	it Inve	nto	-			
Water							otal	Lead a			_
System Water Sy Facility ID	stem Facility	Sampling Point	Sampling Descriptio					Copp		Achostos	Stage WQP 2 DBP
		4		" ION SYSTEM		atus ^r A	Y	Kule I	ier	ASDESIUS	WQF 2 DDFI
	JTION SYSTEM	4 DOWNSTREAM				A	T				
		UPSTREAM		SERVICE COI		A					
00700 ENTRY P0		3	ENTRY PO		N	A					
21976 WELL	JINI	2	WELL			A					
21970 WILL						A					
				ormation							
Name			rganization							Job Title	
Mr. Dell Woodman				each Campgr	ound						
Mailing Address Line	e One	Mailing Address	s Line Two					ty		State	Zip Code
36 Pendleton Road						Presto				СТ	06365
Business Phone	Extension Fax	Mobi	le Phone	Emergency	Phone	e Email /	Addres	SS			
860-889-6205											
Contact Role(s): Or	wner										

		~		0		1					
PWS ID	PWS Name					Class	ification	Population	Own	er Type	Primary Source
CT1140014	AMOS LAKE BEA	CH-SYSTEM	2:CAMPGROU	ND WELL			NC	40		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial (Commerci	al Industri	ial (Combine	d Agricultural
HOLLOWELL ROA	\D			Connection	ns		1				
Towns Served: Pf	RESTON					1					
Name			C	Organization						Job Title	5
Ms. Jill Woodma	nsee		1	Amos Lake Be	ach Campg	round					
Mailing Address I	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
36 Pendletown R	oad						Presto	n		СТ	06365
Business Phone	e Extension	Fax	Mol	bile Phone	Emergency	y Phor	e Email A	Address			
860-889-6205							amosla	kecamp@c	omcas	st.net	
Contact Role(s):	Administrative	Contact, Leg	gal Contact, Ow	vner							
Name			(Organization						Job Title	è
Mr. Brandon W.	Belair		c.	SCWA							
Mailing Address I	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
PO Box 415							Gales F	erry		СТ	06335
Business Phone	e Extension	Fax	Mol	bile Phone	Emergency	y Phor	e Email /	Address			
860-464-0232							b.belai	r@waterau	thority	y.org	
Contact Role(s):	Legal Contact										
Please note the f	ollowing:										
1. The residual di	sinfectant concen	tration must b	e measured at t	he same locatio	on and time a	as each	total colif	orm sample.			

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

Connecticut Depa					· · · ·			ction	
Water Qua	ility Monit	coring a	nd Com			1			
PWS ID PWS Name				Classifi		-			rimary Sourc
CT1140034 CALVARY BAPTIST CHURCH				N		L	25	Р	GW
Local Address (where applicable)		Service	Resident	ial Co	mmerc	ial Ir	ndustrial	Combined	Agricultura
97 ROUTE 165		Connectio	ns		1				
Towns Served: PRESTON									
			quireme	nts					
Water System Facility: DISTRIBUTION S	SYSTEM (WSFI	D: 00600)							
Total Coliform (3100)							1 rou		per quarte
Sampling Point (Sampling Point ID)			Monitoriı	-		Collect	ion Period		iance Status
Select from Inventory of Active Samplin	g Points		1/1/24 -					Co	omplete
			4/1/24 -						
			7/1/24 -	9/30/2	4				
Physical Parameters (PPS)									per quarter
Sampling Point (Sampling Point ID)			Monitorii	-		Collect	ion Period	Compl	iance Status
Select from Inventory of Active Samplin	g Points		1/1/24 -					Co	omplete
			4/1/24 -						
			7/1/24 -	9/30/2	4				
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1	-	RT) per yeaı
Sampling Point (Sampling Point ID)			Monitorii	-		Collect	ion Period		iance Status
ENTRY POINT (3)			1/1/23 - 1						omplete
			1/1/24 - 1					Co	omplete
			1/1/25 - 1	12/31/2	25				
Water S	ystem Facil	ity and S	ampling	Point	t Inve	ento	ry		
Water						otal	Lead and		
System Water System Facility	Sampling Point					iform			Stage
Facility ID	ID	Description		Sta	lus	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	А		Y			
	DOWNSTREAM								
	UPSTREAM		SERVICE CON						
00700 ENTRY POINT	3	ENTRY POI	NT	A	4				
21978 WELL	2	WELL		Α	4				
	Con	tact Info	ormation						
Name		rganization						Job Title	
Mr. Ken Troeger		alvary Baptis	st Church		1	Tru	stee		
Mailing Address Line One	Mailing Addres	s Line Two				Ci	ity	State	Zip Code
224 Case Street					Norwi	ch		СТ	06360
Business Phone Extension Fax	. Mobi	ile Phone	Emergency	Phone	Email /	Addre	SS		
860-887-2626									
Contact Role(s): Legal Contact									

				0		1				
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT1140034	CALVARY BAPTIS	CHURCH					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
97 ROUTE 165				Connections			1			
Towns Served: Pl	RESTON									
Name			Org	ganization					Job Titl	e
Pastor Frank Lan	nonte							Pastor		
Mailing Address	ine One		Mailing Address	Line Two				City	State	Zip Code
12 Route 164							Presto	n	СТ	06365
Business Phone	e Extension	Fax	Mobil	e Phone E	mergency	y Pho	ne Email /	Address		
860-887-3245							Lunde	rshepherd@	aol.com	
Contact Role(s):	Administrative C	ontact, Ow	ner				·			
Diagon moto the i	allowing									

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Conne	cticut Departmer	nt of Public H	ealth E	Drinkir	ng Wa	ter S	ection	
	Water Quality Mo	onitoring and	d Comp	oliance	e Sche	dule		
PWS ID PWS Name	2		C	lassificatio	n Popul	ation O	wner Type	Primary Source
	PACKAGE STORE			NC	32		Р	GW
Local Address (where applic	able)	Service	Residentia	I Comme	rcial Ind	dustrial	Combine	d Agricultura
352 ROUTE 2		Connections		3				
Towns Served: PRESTON	• •		•					
Water System Facility:		onitoring Requ	irement	ts				
	DISTRIBUTION SYSTEM (WSF ID: 00600)				1)
Total Coliform (3100)	ling Doint (D)		Monitoring	Dariad	Collecti		-) per quarter
Sampling Point (Samp			Monitoring		Conectio	on Perio		Somplete
Select from inventory (of Active Sampling Points		10/1/23 - 12 1/1/24 - 3/					Complete
							(Complete
			4/1/24 - 6/ 7/1/24 - 9/					
Physical Parameters (PI	DC)		//1/24-9/	50/24		1 r	outine (RT) per quarter
Sampling Point (Samp	•		Monitoring	Period	Collecti		-	liance Status
	of Active Sampling Points		10/1/23 - 12		concern			Complete
Sciect noin inventory			1/1/24 - 3/					Complete
			4/1/24 - 6/					lompiete
			7/1/24 - 9/	-				
Water System Facility:	ENTRY POINT (WSF ID: 00	1700)	771724 37	50,24				
Nitrate (1040)			_	_		1 r	outine (RT) per quarter
Sampling Point (Samp	lina Point ID)		Monitoring	Period	Collectio		-	liance Status
ENTRY POINT (3)			10/1/23 - 12		concern			Complete
			1/1/24 - 3/					Complete
			4/1/24 - 6/				`	lompiete
			7/1/24 - 9/					
Nitrite (1041)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50/24			1 routine	(RT) per year
Sampling Point (Samp	lina Point ID)		Monitoring	Period	Collecti	on Perio		liance Status
ENTRY POINT (3)			1/1/23 - 12					Complete
			1/1/24 - 12					Complete
			1/1/25 - 12					
	Oth	er Compliance						
Compliance Schodule Activi		er compliance				Achieve	d Data	
Compliance Schedule Activi RESPOND TO SANITARY SUF				e Date 21/2021		Acmeve	u Dule	
RESPOND TO SANITART SUP								
	Public	Notification R	•	1				
Vieletien (Citerration		Compliance	Notice		Notifica			<u>ertification</u>
Violation/Situation	Violation	Period	Tier	Require		ormed	Due to DP	
Repeat Total Coliform M&R E. Coli M&R Violation	VIOIdUOII	10/1/13 - 12/31/13 10/14/13 - 5/2/14	3	6/26/20 5/2/201			7/6/2014	
			_				5/12/201	
	Water System F	acility and Sar	npiing P	oint inv		-		
Water	cility Courselles -	Doint Complian D-1				Lead ar		<i>c</i> .
System Water System Fo Facility ID	icility Sampling ID	Point Sampling Poin Description	n		Coliform	Сорре		Stage s WQP 2 DBP
		-		<u>Status</u>	Rule	nule II	er Asbesto	
00600 DISTRIBUTION SY				A	Y			
	DOWNSTI	REAM WITHIN 5 SER AM WITHIN 5 SER		A A				
NOTE: This information has been (provided to help owners and opera	tors of public water syste	ms maintain a	compliance w	vith drinkin	a water a	uality monitor	ina reauirements.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1140044 LU - MACS PACKAGE STORE NC 32 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 352 ROUTE 2 3 Towns Served: PRESTON Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 3 00700 ENTRY POINT ENTRY POINT Δ 2 WFII 21979 WELL Α **Contact Information** Name Organization Job Title Owner Mr. Kenneth Zacham Mailing Address Line One Mailing Address Line Two Zip Code City State 39 Mathewson Mill Road 06365 Preston CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-807-5312 Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

		cut Department of					0			ction	
		ter Quality Monit	coring and	d Com							
PWS ID	PWS Name				Clas		n Po		Owr		imary Source
CT1140074			1			NC		25		Р	GW
	ess (where applicable)		Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricultural
492 ROUTI			Connections			1					
Towns Ser	ved: PRESTON										
		Monit	oring Requ	ireme	nts	;					
Water Sys	stem Facility: DIST	RIBUTION SYSTEM (WSF I	D: 00600)								
Total Col	liform (3100)							1	rou	tine (RT) p	er quarter
Samp	oling Point (Sampling I	Point ID)		Monitori	ng P	Period	Colle	ction Pe	riod	Complia	ince Status
Selec	t from Inventory of Ac	tive Sampling Points	:	10/1/23 -	12/	31/23				Cor	nplete
				1/1/24 -	3/3	1/24				Cor	nplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Physical	Parameters (PPS)							1	rou	tine (RT) p	er quarter
Samp	oling Point (Sampling I	Point ID)		Monitori	ng P	Period	Colle	ction Pe	riod	Complia	ince Status
Selec	t from Inventory of Ac	tive Sampling Points		10/1/23 -	12/	31/23				Cor	mplete
				1/1/24 -	3/3	1/24				Cor	nplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Water Sys	stem Facility: ENTR	Y POINT (WSF ID: 00700)	1								
Nitrate ((1040)							1	rou	tine (RT) p	er quarter
Samp	oling Point (Sampling I	Point ID)		Monitori	ng P	Period	Colle	ction Pe	riod	Complia	ince Status
ENTR	Y POINT (3)			10/1/23 -	12/	31/23				Cor	nplete
				1/1/24 -	3/3	1/24				Cor	nplete
				4/1/24 -	6/3	0/24	_				
				7/1/24 -	9/3	0/24					
Nitrite (1041)								1	routine (R [.]	T) per year
Samp	oling Point (Sampling I	Point ID)		Monitori	ng P	Period	Colle	ction Pe	riod	Complia	ince Status
ENTR	Y POINT (3)			1/1/23 -	12/3	31/23				Cor	nplete
				1/1/24 -	12/3	31/24				Cor	nplete
				1/1/25 -	12/3	31/25					
		Other C	ompliance	Sched	lule	es					
Compliand	ce Schedule Activity		-			Date		Achie	ved	Date	
-	TO SANITARY SURVEY			1(0/21	/2021					
		Water System Facil	ity and Sar	npling	Ро	int In	vent	ory			
Water		-					Total	-	and		
System	Water System Facility	Sampling Point	Sampling Poil	nt		(Colifor				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	А 4	DISTRIBUTION	I SYSTEM		А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	J	А					
		UPSTREAM	WITHIN 5 SER	VICE CON	J	А					
00700	ENTRY POINT	3	ENTRY POINT			А					
21982	WELL	2	WELL			А					
59278	TREATMENT PLANT										

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1140074 DUNKIN DONUTS NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 492 ROUTE 2 1 Towns Served: PRESTON **Contact Information** Organization Job Title Name Birch Mill LLC. Mailing Address Line One Mailing Address Line Two State Zip Code City 06339 8 Seabury Avenue Ledyard CT **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax Contact Role(s): Legal Contact Name Organization Job Title Dir of Fac -Operator Mr. John Catalfamo Dan's Management Company Mailing Address Line One Mailing Address Line Two City State Zip Code Providence 251 Smith Street RI 02908 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 401-272-9773 207 401-331-0931 401-440-6850 401-440-6850 Jcatalfamo@dansmanagement.com Contact Role(s): Administrative Contact Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

	Connecticut De Water Q	epartment of Juality Monit				0			ction	
PWS ID	PWS Name		0	1				1	er Type	Primary Sourc
CT114008	4 HIDDEN ACRES CAMPG	ROUND			NC		75		Р	GW
Local Add	ress (where applicable)		Service	Residential	I Comme	rcial li	ndustri	al	Combined	Agricultura
47 RIVER F			Connections		1					
Towns Ser	ved: PRESTON									
		Monit	oring Requ	irement	:S					
Water Sy	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)							1 roι	utine (RT) per month
	oling Point (Sampling Point ID)			Monitoring		Collect	tion Pe	riod	Comp	iance Status
Selec	t from Inventory of Active Sam	pling Points		5/1/24 - 5/						
				6/1/24 - 6/						
				7/1/24 - 7/						
				8/1/24 - 8/						
				9/1/24 - 9/	30/24					
-	Parameters (PPS)				Dente 1	C -11			-) per month
	oling Point (Sampling Point ID)			Monitoring		Collect	tion Pe	riod	Comp	iance Status
Selec	t from Inventory of Active Sam	pling Points		5/1/24 - 5/						
				6/1/24 - 6/ 7/1/24 - 7/						
				8/1/24 - 8/						
				9/1/24 - 9/						
Mator Sv	stem Facility: ENTRY POIN	T (WSE ID: 00700)		5/1/24 5/	50/24					
	And Nitrite (NOX)							1 -	outino (RT) per year
	oling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Pe		-	liance Status
	RY POINT (3)			1/1/23 - 12						omplete
				1/1/24 - 12						
				1/1/25 - 12						
		Other C	ompliance	Schedul	les					
Compliand	ce Schedule Activity		p		e Date		Achie	ved [Date	
	L START UP COMPLETION				/2024					
		er System Facili	ity and Sar			onto	rv			
14/ertor	vvate	er System i acin	ity and Sai	inhung i d				and		
Water System	Water System Facility	Sampling Point	Samplina Poi	nt	C	Total Coliform	Lead Cop			Stage
Facility ID		ID	Description		Status	Rule			Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А					
		UPSTREAM	WITHIN 5 SER	VICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT		А			_		
21983	WELL #1	2	WELL		А					
21984	WELL #2	2	WELL		А					
21004	HYDROPNEUMATIC TANK									
59549			tact Inform	nation						
		Con		nation						
59549			rganization	nation					Job Title	
59549 Name	m M. Migliaccio	0			round	Ow	/ner/M	anag		
59549 Name Mr. Willia	m M. Migliaccio ddress Line One	0	rganization dden Acres Fa		round		/ner/M	anag		Zip Code

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

		L					r-				
PWS ID	PWS Name 84 HIDDEN ACRES CAMPGROUND						Clas	sification	Population	Owner Type	Primary Source
CT1140084	HIDDEN ACRES	CAMPGROU	ND					NC	75	Р	GW
Local Address (w	here applicable)				Service	Resid	ential	Commer	ial Industr	ial Combin	ed Agricultural
47 RIVER ROAD					Connectio	ons		1			
Towns Served: Pl	RESTON					÷				·	·
Business Phone	e Extension	Fax		Mobil	e Phone	Emerger	ncy Pho	ne Email	Address		
860-887-9633		860-887-	6359			860-88	89-1359)			
Contact Role(s):	Legal Contact										
Name				Or	ganization					Job Tit	e
Ms. Priscilla Mig	liaccio			Hio	dden Acres	s Family Ca	ampgro	und	Owner/N	lanager	
Mailing Address	Line One		Mailing A	Address	Line Two				City	State	Zip Code
47 River Rd.								Presto	on	СТ	06365
Business Phone	e Extension	Fax		Mobil	e Phone	Emerger	ncy Pho	ne Email	Address		
860-887-9633						860-60	08-850	L priscil	lamig@sbcgl	obal.net	
Contact Role(s):	Administrative	Contact, Ow	ner					·			

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

C	Connecticut Depa					0		ection	
	Water Qua	lity Monit	oring a	nd Com	plia	nce Sc	hedule		
PWS ID P	WS Name				Classifi	cation Po	pulation Ow	ner Type	Primary Source
CT1140094 P	RESTON COMMUNITY PAR	K - 13 RT 117			N	с	25	Р	GW
Local Address (who	ere applicable)		Service	Resident	ial Cor	mmercial	Industrial	Combined	d Agricultural
13 ROUTE 117			Connectio	ns		1			
Towns Served: PR	ESTON								
		Monite	oring Re	quiremer	nts				
Water System Fa	acility: DISTRIBUTION SY	YSTEM (WSFI	D: 00600)						
Total Coliform	(3100)						1 ro	utine (RT)	per quarter
Sampling Poi	nt (Sampling Point ID)			Monitorin	ng Perio	od Coll	ection Period	Comp	liance Status
Select from Ir	nventory of Active Sampling	Points		4/1/24 -	6/30/24	4			
				7/1/24 -	9/30/24	4			
Physical Parame							1 ro		per quarter
	nt (Sampling Point ID)			Monitorin	-		ection Period	Comp	liance Status
Select from Ir	nventory of Active Sampling	Points		4/1/24 -					
				7/1/24 -	9/30/24	4			
Water System Fa	acility: ENTRY POINT (V	VSF ID: 00700)							
Nitrate And Niti	rite (NOX)						1	. routine (RT) per year
	nt (Sampling Point ID)			Monitorin	n <mark>g Peri</mark> c	od Coll	ection Period	Comp	liance Status
ENTRY POINT	(3)			1/1/23 - 1	2/31/2	23		C	omplete
				1/1/24 - 1	2/31/2	24			
				1/1/25 - 1	2/31/2	25			
		Other C	omplian	ce Sched	ules				
Compliance Sched					oue Dat	-	Achieved	Date	
RESPOND TO SANI					/21/20				
CROSS CONNECTIO					/1/202				
SEASONAL START	UP COMPLETION			4	/1/202	4			
	Water Sy	ystem Facili	ity and S	ampling	Point	: Invent	tory		
Water						Tota		1	
	System Facility	Sampling Point				Colifo			Stage
Facility ID		ID	Descriptio		Sta		e Rule Lie	r Asbestos	WQP 2 DBPR
00600 DISTRIB	BUTION SYSTEM	4		ION SYSTEM	A				
		DOWNSTREAM							
00700 51751	DOINT	UPSTREAM		SERVICE CON					
00700 ENTRY	POINT	3	ENTRY POI	IN I	A				
21985 WELL		2	WELL		A	\			
		Con	tact Info	ormation					
Name		Οι	rganization					Job Title	
Ms. Gail Rigney		Pr	eston Parks	& Recreation	n				
Mailing Address Li	ne One	Mailing Address	s Line Two				City	State	Zip Code
389 Route 2				1		Preston		СТ	06365
Business Phone	Extension Fax	Mobi	le Phone	Emergency	Phone	Email Ado	dress		
860-889-2482	860-885-	0171							
Contact Role(s):	egal Contact								

		201 244				na gompi					1	
PWS ID	PWS Name					Cla	ssification	Population	Owner Typ	e Pr	rimary Source	
CT1140094	PRESTON COMM	/UNITY PAR	K - 13 RT 1	.17			NC	25	Р		GW	
Local Address (w	here applicable)				Service	Residential	Commerc	ial Industri	ial Combin	ned	Agricultura	
13 ROUTE 117					Connection	าร	1					
Towns Served: P	RESTON				1							
Name				0	rganization				Job Tit	tle		
Mr. Joseph Cans	ler			S	CWA			General Manager				
Mailing Address	Line One		Mailing A	ddres	ress Line Two City					9	Zip Code	
P.O. Box 415			1649 Rou	te 12			Gales	Ferry	СТ	(06335-0415	
Business Phone	e Extension	Fax		Mob	ile Phone	Emergency Pho	one Email	Address				
860-464-0232		860-464-	2876	860-9	941-3406		j.cansl	er@waterau	thority.org			
Contact Role(s):	Administrative	Contact					1					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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00700 ENTRY F 21986 WELL Name Preston Mailing Address Lir Business Phone	POINT	UPSTREAM 3 2 Con Or Mailing Address		ERVICE CON	A A A A		City	Job ⁻ Sta		Zip Code
00700 ENTRY F 21986 WELL Name Preston	POINT	UPSTREAM 3 2 Con	ENTRY POIN WELL tact Infor rganization	ERVICE CON	Δ	A	City			Zip Code
00700 ENTRY F 21986 WELL Name		UPSTREAM 3 2 Con	ENTRY POIN WELL tact Infor	ERVICE CON	Δ	A		Job -	ſitle	
00700 ENTRY F 21986 WELL		UPSTREAM 3 2 Con	ENTRY POIN WELL tact Infor	ERVICE CON	Α	A		Job	Гitle	
00700 ENTRY F		UPSTREAM 3 2	ENTRY POIN WELL	ERVICE CON	Α	A				
00700 ENTRY F		UPSTREAM 3	ENTRY POIN	RVICE CON	Α	A				
		UPSTREAM		RVICE CON						
			WITHIN 5 SE		А	4				
		DOWINSTREAM								
			WITHIN 5 SE		A					
_	UTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	Sta A	lus				
System Water S Facility ID	System Facility	Sampling Point ID	Sampling Po Description	σιητ	C tor	Colifo tuc Rul			estos	Stage WQP 2 DBP
Water	Sector Fredda	Comulta D. L. :	C			Tote				
	Water Sy	ystem Facili	ity and Sa	mpling F	Point	t Inven	tory			
				1/1/25 - 1	2/31/2	25				
				1/1/24 - 1					Со	mplete
ENTRY POINT	(3)			1/1/23 - 1	2/31/2	23			Со	mplete
	nt (Sampling Point ID)			Monitorin	g Perio	od Col	lection Peri		-	ance Status
Nitrate And Nitr	· ·							1 routi	ne (R	T) per year
Water System Fa	cility: ENTRY POINT (W	/SF ID: 00700)								
				7/1/24 - 9						
				4/1/24 - 6					CO	ipiete
Select from In	ventory of Active Sampling	FUIIILS		10/1/23 - 1						nplete
	ventory of Active Sampling	Points		Monitoring 10/1/23 - 1	-		lection Peri	ua Co		nce Status
Physical Parame	ters (PPS) nt (Sampling Point ID)			Monitoria	a Dorie	nd Cal				per quarter
Dhueles I D				7/1/24 - 9	9/30/2	4			(DT)	
				4/1/24 - 6						
				1/1/24 - 3					Со	mplete
Select from In	ventory of Active Sampling	Points		10/1/23 - 1						mplete
	nt (Sampling Point ID)			Monitorin	-		lection Peri	iod Co	omplie	ance Status
Total Coliform (3100)						1	routine	(RT) p	oer quarter
Water System Fa	cility: DISTRIBUTION SY	STEM (WSF II	D: 00600)							
		Monito	oring Req	uiremen	ts					
Towns Served: PRE	STON		- I				1			
389 ROUTE 2			Connection			1				-
Local Address (whe	ere applicable)		Service	Residenti	al Co	mmercial	Industria	l Comb	oined	Agricultura
	RESTON TOWN HALL				N		25	L		GW
PWS ID PV	WS Name		or mg ui						pe Pr	imary Source
			oring ar	IU COIII			.neuuit			
	Water Qual	lity Monit		nd Com	nlia	nce So	bodul	L		

			•,•		0 0 0		P -						
PWS ID	PWS Name						Cla	ssifi	cation	Populatior	Ow	ner Type	Primary Source
CT1140104	PRESTON TOWN	HALL						N	С	25		L	GW
Local Address (w	here applicable)				Service	Reside	ential	Со	mmercia	al Industr	ial	Combined	d Agricultural
389 ROUTE 2					Connection	าร			1				
Towns Served: Pl	RESTON												,
Name				0	rganization							Job Title	
Mr. Robert M Co	ongdon			Тс	own of Presto	on				First Sele	ctma	n	
Mailing Address	Line One		Mailing Ad	dres	s Line Two					City	-	State	Zip Code
Town Hall			389 Route	2					Prestor	1		СТ	06365
Business Phone	e Extension	Fax	1	Nobi	ile Phone	Emergen	cy Pho	one	Email A	ddress			
860-887-5581		860-885-	1905						congdo	n@prestor	ו-ct.o	org	
Contact Role(s):	Legal Contact												
Name				0	rganization							Job Title	
Mr. Joseph Cans	ler			SC	CWA					General I	Mana	ager	
Mailing Address	Line One		Mailing Ad	dres	s Line Two					City		State	Zip Code
P.O. Box 415			1649 Rout	e 12					Gales F	erry		СТ	06335-0415
Business Phone	e Extension	Fax	I	Nobi	ile Phone	Emergen	cy Pho	one	Email A	ddress			
860-464-0232		860-464-	2876 8	860-9	941-3406				j.cansle	r@watera	uthor	rity.org	
Contact Role(s):	Administrative	Contact											
Please note the f	following:												
1. The residual di	sinfectant concent	ration must b	e measured	at the	e same locatio	on and time	e as ea	ch to	otal colifo	orm sample.			

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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С	onnectic	ut Dena	rtment (of Public	c Health I	Drink	ing W	later Se	ection	
		*			and Com		0		cetton	
PWS ID PV	VS Name	Quint Quint				Classifica			vner Type	Primary Source
CT1140114 ST	CATHERINE C	OF SIENA				NC		29	Р	GW
Local Address (whe	ere applicable)			Service	Residenti	al Comr	mercial	Industrial	Combine	d Agricultura
243 PRESTON PLAII	NS ROAD (ROL	JTE 164)		Connectio	ons		1			
Towns Served: PRE	STON			1					I	1
			Moni	toring Re	equiremen	ts				
Water System Fa	cility: DISTR	RIBUTION SY	YSTEM (WSF	ID: 00600)						
Total Coliform (•								-) per quarter
Sampling Poir					Monitorin	-		ction Period		liance Status
Select from In	ventory of Act	ive Sampling	Points		10/1/23 - 1					Complete
					1/1/24 - 3				(Complete
					4/1/24 - 6					
Dhunding L D	Laws (850)				7/1/24 - 9	0/30/24		-		
Physical Parame		oint (D)			Monitoria	a Dorio d	Calla		-) per quarter
Sampling Poir			Points		Monitoring 10/1/23 - 1	-		ction Period		iliance Status
Select from In	ventory of ACt	ive sampling	FUIIILS		10/1/23 - 1					Complete Complete
					4/1/24 - 6				,	ompiete
					7/1/24 - 9					
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 0070	0)	//1/24 - 3	7 307 24				
Nitrate And Nitr				-,				1	l routine	(RT) per year
Sampling Poir		oint ID)			Monitorin	a Period	Colle	- ction Period		liance Status
ENTRY POINT		,			1/1/23 - 1	-				Complete
	. ,				1/1/24 - 1					Complete
					1/1/25 - 1	2/31/25	_			
			Other	Compliar	nce Schedu	les				
Compliance Schedu	ule Activity				D	ue Date		Achieved	l Date	
RESPOND TO SANIT	FARY SURVEY				2/	10/2022				
		Water Sy	ystem Fac	ility and S	Sampling F	Point I	nvento	ory		
Water							Total			
	ystem Facility	· · ·	Sampling Poir ID	nt Sampling Descriptio			Colifor			Stage
		4				Statu		Rule Tie	r Asbesto	s WQP 2 DBP
00600 DISTRIB	UTION SYSTEN				TION SYSTEM	A	Y			
			UPSTREAM	-	SERVICE CON	A				
00700 ENTRY P			3	ENTRY PO		A A				
21987 WELL			2	WELL						
21987 WELL					ormation	<u>A</u>				
News					ormation				L. L. metal	
Name				Organization		-h		actoral Ac	Job Title	
Mrs. Nancy J. Mign					of Siena Chur			astoral Asso		7in Cada
Mailing Address Lir	ie One		Mailing Addro	ess Line TWO		n.		City	State	Zip Code
243 Route 164 Business Phone	Extension	Fax	D.4~	bile Phone	Emorgonou		reston		СТ	06365
860-887-9966	EXTENSION	гdХ	IVIO		Emergency F				not	
	dministrativa	Contact				IN	ancy.stC@	@sbcglobal.	net	
Contact Role(s): A	ummistrative	Contact								

				0		1				
PWS ID F	WS Name					Class	ification	Population	Owner Type	Primary Source
CT1140114	T CATHERINE O	F SIENA					NC	29	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial C	Commerc	al Industri	al Combin	ed Agricultural
243 PRESTON PLA	INS ROAD (ROU	TE 164)		Connectio	ns		1			
Towns Served: PR	ESTON								1	÷
Name				Organization					Job Titl	e
Father Ted F Tum	icki			St Catherine o	of Siena			Pastor		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
St Catherine of Sig	ena		243 Rte. 164,	Preston			Presto	n	СТ	06365
Business Phone	Extension	Fax	Mc	bile Phone	Emergence	y Phon	e Email /	Address	i	
860-887-9966							nancy.	stc@sbcglob	oal.net	
Contact Role(s):	Legal Contact									
Please note the f	ollowing:									

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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C	onnectic Wa	ut Depa ter Qual							0		ection	
PWS ID P	WS Name	ter qua		1110	ormgu			ssificati				rimary Source
	T JAMES EPISC		U				Clas	NC	· ·	25	P	GW
Local Address (wh					Service	Residen	tial	Comm		ndustrial	Combined	-
95 ROUTE 2A					Connectio		tiai	1		nuustiiai	Combined	Agricultural
Towns Served: PR	ESTON								-			
Towns Screed. Th			N 4-		ning De							
Water System Fa	acility: DISTR					quireme	nts	;	_	_	_	
Total Coliform			1912in (1							1 ro	utine (RT)	per quarter
	int (Sampling P	oint ID)				Monitori	na P	Period	Collec	tion Period		iance Status
	nventory of Act		Points			10/1/23 -	-					omplete
beleet in on th			1 Onito			1/1/24 -						
						4/1/24 -						
						7/1/24 -						
Physical Parame	eters (PPS)					,, _,	575	0/21		1 ro	utine (RT)	per quarter
-	int (Sampling P	oint ID)				Monitori	na P	Period	Collec	tion Period		iance Status
	nventory of Act		Points			10/1/23 -	-					omplete
	,					1/1/24 -						
						4/1/24 -						
						7/1/24 -						
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 00	700)								
Nitrate And Nit	rite (NOX)									1	routine (RT) per year
Sampling Poi	nt (Sampling P	oint ID)				Monitori	ng P	Period	Collec	tion Period	-	iance Status
ENTRY POINT	(3)					1/1/23 -	12/3	31/23			Co	omplete
						1/1/24 -	12/3	31/24				
						1/1/25 -	12/3	31/25				
		Water Sy	ystem Fa	acili	ty and S	Sampling	Ро	int In	ivento	ory		
Water									Total	Lead and	1	
	System Facility			Point	Sampling				-	Copper		Stage
Facility ID			ID		Descriptio			<u>Status</u>	Rule	Rule Tiel	Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM		4			ION SYSTEM		A	Y			
						SERVICE CON		A				
			UPSTREA	M		SERVICE CON	N	Α				
00700 ENTRY	POINT		3		ENTRY PO	INT		Α				
21988 WELL			2		WELL			A				
						ormation						
Name					ganization						Job Title	
Father Ronald J. K						capol Chuch						
Mailing Address Li	ne One		Mailing Ad	Idress	s Line Two					City	State	Zip Code
95 Route 2 A									eston		СТ	06365
Business Phone	Extension	Fax		Mobi	le Phone	Emergency						
860-889-0150		860-889-0				860-280-	852	6 RO	NKOL@s	bcglobal.ne	et	
Contact Role(s):	Administrative	Contact, Leg	al Contact									

	· · · · ·						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1140124	ST JAMES EPISCOPAL CHURCH			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commer	cial Industri	ial Combine	ed Agricultural
95 ROUTE 2A		Connections		1			
Towns Served: F	PRESTON						

Please note the following:

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3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Connecticut Depa					0		ection	
Water Qua	lity Monit	coring a						
PWS ID PWS Name			C					Primary Source
CT1140134 CITY BOY SUBS				N		25	Р	GW
Local Address (where applicable)		Service	Residentia	al Cor	mmercial	Industrial	Combined	Agricultural
154 ROUTE 2 - PRESTON		Connectio	ns		1			
Towns Served: PRESTON								
			quiremen	ts				
Water System Facility: DISTRIBUTION S	YSTEM (WSFT	D: 00600)				-		
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			Monitoring			ection Perio	d Compl	iance Status
Select from Inventory of Active Sampling	g Points		1/1/24 - 3					
			4/1/24 - 6					
			7/1/24 - 9	/30/24	1			
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitoring			ection Perio	d Compl	iance Status
Select from Inventory of Active Sampling	g Points		1/1/24 - 3					
			4/1/24 - 6					
			7/1/24 - 9	/30/24	1			
Water System Facility: ENTRY POINT (N	VSF ID: 00700)	1						
Nitrate And Nitrite (NOX)							1 routine (RT) per year
Sampling Point (Sampling Point ID)			Monitoring	g Perio	d Coll	ection Perio	d Compl	iance Status
ENTRY POINT (3)			1/1/24 - 12	2/31/2	4			
			1/1/25 - 12	2/31/2	5			
Water S	ystem Facil	ity and S	ampling P	oint	Invent	-		
Water	Complian Doint	Conceline	Doint		Toto			Character
System Water System Facility Facility ID	Sampling Point ID	Description		_	Colifo			Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	<u>Stat</u> A	.us	e nuie m		WQI 2 DDI N
00000 DISTRIBUTION STSTEM	4 DOWNSTREAM							
	UPSTREAM		SERVICE CON	A				
				A				
00700 ENTRY POINT	3	ENTRY POI		A				
21989 WELL	2	WELL		A	•			
N.			ormation				1.1.7711	
Name		rganization					Job Title	
Mr. Jorge Pitre		ty Boy Subs						
Mailing Address Line One	Mailing Addres	s Line Two				City	State	Zip Code
178 Route 32					North Fra		СТ	06254
Business Phone Extension Fax	Mobi	ile Phone	Emergency P					
860-772-4841			860-710-88	342	cityboysu	ibs@gmail.c	om	
Contact Role(s): Administrative Contact, Le	gal Contact, Owr	ner						
Please note the following:								
1. The residual disinfectant concentration must l	pe measured at the	e same locatio	on and time as o	each to	tal coliforr	n sample.		

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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End of schedule

	Connectic	•	rtment of lity Monit				0			ection	
		ter Qua		.01 mg ai						n an Tuna Di	ine e m c C e c m e e
PWS ID CT1140154	PWS Name FLEMINGS CENT	'ED				N		25	1 Ow	P	imary Source GW
	(where applicable)	EN		Service	Resident		mmercial		rial	Combined	Agricultural
353 ROUTE 16				Connection			1	i inuusti	Iai	combined	Agricultural
Towns Served							-				
			Monit	oring Req	luireme	nts					
Water Syste	m Facility: DISTR										
Total Colifo	rm (3100)								1 roi	utine (RT)	per quarter
Sampling	g Point (Sampling P	oint ID)			Monitorir	ng Perio	od Co	llection Pe	eriod	Compli	ance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			Со	mplete
					1/1/24 -	3/31/2	4			Со	mplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
-	rameters (PPS)										per quarter
	g Point (Sampling P				Monitorir	-		llection Pe	eriod		ance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 -						mplete
					1/1/24 -	· ·				Со	mplete
					4/1/24 -						
Motor Custo			VCE ID: 00700)		7/1/24 -	9/30/2	.4				
-	m Facility: ENTR		VSF ID: 00700)							/	
	l Nitrite (NOX) g Point (Sampling P	oint (D)			Monitorir	na Dori	ad Ca	llection Pe		-	T) per year ance Status
ENTRY P					1/1/23 - 1	-			enou		mplete
	0111 (3)				1/1/24 - 1						mplete
					1/1/25 - 1						
		Water S	ystem Facil	ity and Sa				ntorv			
Water		Trate: 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ity and be	P9	. •	Tot	-	d and		
	ater System Facility		Sampling Point	Sampling Po	oint		Colife		oper		Stage
Facility ID			ID	Description		Sta	tus Ru			Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	1	4	DISTRIBUTIO	ON SYSTEM	A	A Y	/			
			DOWNSTREAM	WITHIN 5 SE	ERVICE CON	A	4				
			UPSTREAM	WITHIN 5 SE	ERVICE CON	A	4				
00700 EN	ITRY POINT		3	ENTRY POIN	IT	ŀ	4				
21990 WI	ELL		2	WELL		ŀ	4				
58228 TR	EATMENT PLANT										
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Nume			EL	emings Cente	er						
Mr. Peter Fle	ming		I I								
			Mailing Addres	_				City		State	Zip Code
Mr. Peter Fle	ess Line One	1	1	s Line Two			Preston			State CT	Zip Code 06365
Mr. Peter Fle i Mailing Addre	ess Line One 5	Fax 860-889-	Mailing Addres Mobi	s Line Two	Emergency	Phone	Email Ac			СТ	

PWS ID	PWS Name			Classification	Populat	ion (Owner Type	Primary	Source
CT1140154	FLEMINGS CENTER			NC	25		Р	G١	N
Local Address (where applicable)	Service	Residen	tial Commer	cial Indu	istria	l Combine	ed Agri	cultural
353 ROUTE 165	5	Connections		1					
Towns Served:	PRESTON						1		

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	Connecticut De	*					0			ction	
		uality Monit	oring an	a con					-		Duine and Carry
PWS ID	PWS Name				Clas	sificatio	on Po	35	Owi	P	Primary Sour
CT1140164	AMOS LAKE BEACH - SY	STEIVI #1:PAVILION	Service	Residen	tial	NC Comme	reiel		ial	-	GW
HOLLOWELL	ss (where applicable)		Connections	4	lldi	Comme	ercial	Industr	Idi	Combine	d Agricultu
	ed: PRESTON			4							
			ouina Doou								
Water Syste	em Facility: DISTRIBUTIC		oring Requ	ireme	nts						
	orm (3100)		2100000						1 ro	utine (R	T) per mont
Samplii	ng Point (Sampling Point ID)			Monitori	ing P	eriod	Colle	ction Pe	eriod	Com	oliance Status
Select f	rom Inventory of Active Sam	pling Points		4/1/24 -	4/30	0/24					
				5/1/24 -		•					
				6/1/24 -							
				7/1/24 -							
				8/1/24 -							
	<i>i</i> i			9/1/24 -	9/30	0/24					_•
-	arameters (PPS)				-					-	T) per mont
	ng Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	eriod	Com	oliance Status
Select f	rom Inventory of Active Sam	pling Points		4/1/24 -							
				5/1/24 -							
				6/1/24 - 7/1/24 -							
				8/1/24 -	-	-					
				9/1/24 -	-	-					
Mator Syste	em Facility: ENTRY POIN	T (W/SE ID: 00700)		5/1/24	5/50	0/24					
	d Nitrite (NOX)								1	routino	(RT) per yea
	ng Point (Sampling Point ID)			Monitori	ina P	eriod	Colle	ction Pe			oliance Status
	POINT (3)			1/1/23 -	_		conc		nou		Complete
				1/1/24 -							lompiete
				1/1/25 -							
		Other C	ompliance			-					
Compliance	Schedule Activity		• • • • •			Date		Achie	eved	Date	
	TART UP COMPLETION					2024					
	Wate	er System Facili	ity and Sar				vent	ory			
Water							Total	_	and		
	Vater System Facility	Sampling Point		nt			Colifor		-		Stag
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	s WQP 2 DB
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION			А	Y				
		DOWNSTREAM				А					
		UPSTREAM	WITHIN 5 SER	VICE CON	N	A					
	NTRY POINT	3	ENTRY POINT			A					
22780 W	VELL	2	WELL			A					
		Con	tact Inform	nation							
Name		01	rganization							Job Title	2
Mr. Dell Wo	odmansee	Ar	mos Lake Beacl	h Campgr	ound	d					
Mailing Add	ress Line One	Mailing Address	s Line Two					City		State	Zip Code
36 Pendleto	n Road					Pre	ston			СТ	06365

					0			1				
PWS ID P	WS Name							Class	ification	Population	Owner Type	Primary Source
СТ1140164 А	MOS LAKE BEA	CH - SYSTEN	1 #1:PAV	ILION					NC	35	Р	GW
Local Address (wh	ere applicable)				Service	Resi	ident	ial (Commerci	al Industr	ial Combin	ed Agricultural
HOLLOWELL ROAD)				Connectio	ons	4					
Towns Served: PR	ESTON											I
Business Phone	Extension	Fax		Mobil	le Phone	Emerge	ency	Phon	e Email /	Address		
860-889-6205												
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct <i>,</i> Own	er				÷			
Name				Or	ganization						Job Tit	е
Ms. Jill Woodman	see			An	nos Lake Be	each Can	npgro	ound				
Mailing Address Li	ne One		Mailing	Address	s Line Two					City	State	Zip Code
36 Pendletown Ro	ad								Presto	n	СТ	06365
Business Phone	Extension	Fax		Mobil	le Phone	Emerge	ency	Phon	e Email /	Address		1
860-889-6205									amosla	akecamp@c	omcast.net	
Contact Role(s):	egal Contact, (Owner	ŀ									

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

	Connecticut De	partment of	Public He	alth D	Drinki	ing W	'ater	Se	ction	
	Water Ou	ality Monit	oring and	Com	olianc	e Sch	edul	e		
PWS ID	PWS Name								er Type P	rimary Source
CT1149023	PRESTON CITY CONGREG	ATIONAL CHURCH			NC		49		P	GW
Local Address (where applicable)		Service R	esidentia	l Comm	ercial I	ndustria	al	Combined	Agricultural
321 ROUTE 164	1		Connections						1	
Towns Served:	PRESTON		- I							
			oring Requir	rement	ts					
	n Facility: DISTRIBUTION	SYSTEM (WSFI	D: 00600)							
Total Colifor	• •									per quarter
	Point (Sampling Point ID)			onitoring		Collec	tion Per	riod		ance Status
Select from	m Inventory of Active Sampl	ing Points		/1/23 - 12					Co	omplete
				/1/24 - 3/						
				/1/24 - 6/						
			/	/1/24 - 9/	/30/24					
-	ameters (PPS)			onitoria	Doried	Coller			• •	per quarter
	Point (Sampling Point ID) m Inventory of Active Sampl	ing Doints		onitoring /1/23 - 12		Conec	tion Per	100		iance Status Implete
Select ITO	in inventory of Active Sampi			/1/23 - 12						inpiete
				/1/24 - 6/						
				/1/24 - 9/						
Water System	n Facility: ENTRY POINT	(WSF ID: 00700)	-	, _, ,						
	Nitrite (NOX)	(1	routine (F	RT) per year
	Point (Sampling Point ID)		М	onitoring	Period	Collec	tion Per		-	ance Status
ENTRY PO										mplete
	.,			/1/24 - 12						
			1/	/1/25 - 12	/31/25					_
		Other C	ompliance S	chedu	les					
Compliance Sc	hedule Activity			Du	e Date		Achie	ved L	Date	
RESPOND TO S	ANITARY SURVEY			8/9	9/2021					
CORRECTIVE A	CTION/CORRECTIVE ACTION	PLAN		11/	7/2021					
	Water	System Facili	ity and Sam	pling P	oint In	ivento	ry			
Water						Total	Lead	and		
	ter System Facility		Sampling Point			Coliform				Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPF
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION S		Α	Y				
			WITHIN 5 SERVI		Α		_			
		PCC001	MAIN KITCHEN		A	Y	2			
		PCC002	SIDE KITCHEN S		A					
		PCC003	BACK KITCHEN S	DINK	A					
		PCC004 PCC005	BOYS ROOM GIRLS ROOM		A					
		UPSTREAM	WITHIN 5 SERVI		A A					
00700 ENT	RY POINT	3	ENTRY POINT		A					
	LL #1	2	WELL #1		A					
TOPOT AAEI		۷	** LLL #1		~					

		<u> </u>	0							
PWS ID	PWS Name				Clas	ssification	Population	Owner T	ype F	Primary Source
CT1149023	PRESTON CITY CONG	REGATIONAL CHURCH				NC	49	Р		GW
Local Address (w	here applicable)		Service	Residen	ntial	Commerci	al Industri	al Com	bined	d Agricultural
321 ROUTE 164			Connections						1	
Towns Served: P	RESTON				·					

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Sandra M. Dud	ek			Preston City	Congregational Ch		Administra	tive Assis	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
321 Route 164						Preston		СТ	06365
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
860-887-4647					860-608-9266	pccc@sr	net.net		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

	Connectic	ut Departme	ent of	Public	: Health I	Drin	king V	Water Se	ection	
		ter Quality N	Ionito	oring a						
PWS ID	PWS Name				(Classific	cation Po	-	ner Type P	rimary Source
СТ1140174	PRESTON SENIO	R CENTER				N	-	25	L	GW
	where applicable)			Service	Residenti	al Cor	mmercial	Industrial	Combined	Agricultura
42 LONG SOCIET				Connectio	ons		1			
Towns Served: P	PRESTON			• -		_				
Mator Custore	Feeilitur DICTR				quiremen	ts				
	•	IBUTION SYSTEM	(WSF IL): 00600)				1		
Total Coliform	n (3100) Point (Sampling P	cint (D)			Monitorin	a Doria	d Call	L ro ection Period		per quarter
					Monitoring	-		ection Period		iance Status
Select from	T Inventory of Act	ive Sampling Points			10/1/23 - 1					omplete
					1/1/24 - 3				C	omplete
					4/1/24 - 6					
Physical Parar	motors (DDS)				7/1/24 - 9	9/30/24	4	1 ro	uting (PT)	per quarter
-	Point (Sampling P	oint ID)			Monitoring	a Perio	od Coll	ection Period		iance Status
		ive Sampling Points			10/1/23 - 1	-		cetton i cirou		omplete
Sciectinom	· ·····				1/1/24 - 3					omplete
					4/1/24 - 6					mpiere
					7/1/24 - 9					
Water System	Facility: ENTR	Y POINT (WSF ID:	00700)		.,_,	,,,=				
Nitrate And N		•						1	routine (RT) per year
	Point (Sampling P	oint ID)			Monitoring	g Perio	od Coll	ection Period	-	iance Status
ENTRY POI					1/1/23 - 12	2/31/2	:3		Co	omplete
					1/1/24 - 12	2/31/2	4		Co	omplete
					1/1/25 - 12	2/31/2	.5			
		Ot	her Co	omplian	ice Schedu	ules				
Compliance Sch	edule Activity				Di	ue Dat	е	Achieved	Date	
CROSS CONNEC	TION SURVEY REP	PORT			3/	/1/202	5			
		Water System	Facili	ty and S	Sampling F	Point	Invent	tory		
Water		-		-			Toto	al Lead and	1	
System Wate	er System Facility	Samplii	g Point	Sampling	Point		Colifo	rm Copper		Stage
Facility ID		I	D	Descriptio	n	Stat	tus Rul	e Rule Tier	Asbestos	WQP 2 DBP
00600 DISTR	RIBUTION SYSTEM	1	1	DISTRIBUT	TION SYSTEM	A	Y Y			
		DOWN	STREAM	WITHIN 5	SERVICE CON	A	۱.			
		UPST	REAM	WITHIN 5	SERVICE CON	A	1			
00700 ENTR	RY POINT		3	ENTRY PO	INT	A	1			
23032 WELL	_ #1		2	WELL #1		A	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>			
60645 TREA	TMENT PLANT									
			Cont	tact Info	ormation					
			Or	ganization					Job Title	
Name										
Name Preston								-		
	Line One	Mailing	Address	Line Two				City	State	Zip Code
Preston		Mailing Fax		Line Two e Phone	Emergency F	Phone	Email Ado	•	State	Zip Code
Preston Mailing Address	ne Extension				Emergency F	Phone	Email Ado	•	State	Zip Code

	-		- 5	-	0		I -			-		
PWS ID P	WS Name						Clas	sification	Population	Own	ier Type	Primary Source
CT1140174 P	RESTON SENIO	R CENTER						NC	25		L	GW
Local Address (wh	ere applicable)				Service	Reside	ntial	Commerc	ial Industri	al	Combine	d Agricultural
42 LONG SOCIETY	ROAD				Connectior	าร		1				
Towns Served: PR	ESTON											l
Name				0	rganization						Job Title	2
Mr. Robert M Cor	ngdon			Т	own of Presto	on			First Sele	ctmar	า	
Mailing Address Li	ine One		Mailing A	Addres	ss Line Two				City		State	Zip Code
Town Hall			389 Rout	te 2				Presto	n		СТ	06365
Business Phone	Extension	Fax		Mob	ile Phone	Emergend	cy Pho	ne Email	Address			
860-887-5581		860-885-	1905					congd	on@preston	-ct.or	ſg	
Contact Role(s):	Legal Contact		I		L							
Name				0	rganization						Job Title	2
Mr. Joseph Cansle	er			S	CWA				General N	∕lanaĮ	ger	
Mailing Address Li	ine One		Mailing A	Addres	ss Line Two				City		State	Zip Code
P.O. Box 415			1649 Rou	ute 12				Gales	erry		СТ	06335-0415
Business Phone	Extension	Fax		Mob	ile Phone	Emergend	cy Pho	ne Email	Address			
860-464-0232		860-464-	2876	860-	941-3406			j.cansl	er@waterau	ithori	ty.org	
Contact Role(s):	Administrative	Contact	I									
Please note the fo	ollowing:											
1. The residual dis	infectant concent	ration must b	oe measure	ed at th	e same locatio	on and time	as ead	h total coli	orm sample.			
1												

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

С	onnectic	ut Depa	rtmen	t of	Public	Health	Drii	nkin	g Wa	ater	Se	ction	
		ter Qual							<u> </u>				
PWS ID PV	WS Name						Classif	fication	Popu	lation	Own	er Type	Primary So
CT1140204 CI	TGO GAS STA	ION - PREST	ON		1		Ν	NC	2	25		Р	GW
Local Address (whe	ere applicable)				Service	Residen	tial Co	ommer	cial In	dustri	al	Combine	d Agricul
37 ROUTE 2					Connectio	ns		1					
Towns Served: PRE	STON												
			Mo	onito	oring Re	quireme	nts						
Water System Fa	cility: DISTR		(STEM (V	VSF II	D: 00600)								
Total Coliform (3100)									1	rou	tine (RT) per qua
Sampling Poil	nt (Sampling P	oint ID)				Monitori	ng Peri	iod	Collecti	ion Pe	riod	Сотр	liance Sta
Select from In	ventory of Act	ive Sampling	Points			10/1/23 -	12/31,	/23				C	Complete
						1/1/24 -	3/31/2	24					
						4/1/24 -	6/30/2	24					
						7/1/24 -	9/30/2	24					
Physical Parame	eters (PPS)									1	rou	tine (RT) per qua
	nt (Sampling P					Monitori	-		Collecti	ion Pe	riod		liance Sta
Select from In	ventory of Act	ive Sampling	Points			10/1/23 -						(Complete
						1/1/24 -	3/31/2	24					
						4/1/24 -	6/30/2	24					
						7/1/24 -	9/30/2	24					
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 00	700)									
Nitrate And Nitr	ite (NOX)										1 ו	routine	(RT) per y
Sampling Poil	nt (Sampling P	oint ID)				Monitori	ng Peri	iod	Collecti	ion Pe	riod	Сотр	liance Sta
ENTRY POINT	(3)					1/1/23 -						(Complete
						1/1/24 -	12/31/	/24					
						1/1/25 -	12/31/	25					
			Oth	er Co	omplian	ce Sched	lules						
Compliance Sched	ule Activity						Due Da	ite		Achie	ved I	Date	
RESPOND TO SANI	TARY SURVEY					6	6/30/20)22					
		Water Sy	/stem F	acili	ty and S	ampling	Poin	t Inv	entor	ſy			
Water					-				Total	Lead	and		
System Water S	System Facility		Sampling I	Point	Sampling			Сс	oliform	Сор	per		St
Facility ID			ID		Descriptio	n	Sta	atus	Rule	Rule	Tier	Asbesto	s WQP 2
00600 DISTRIB	UTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM		A	Y				
			DOWNSTR	REAM	WITHIN 5	SERVICE CON	N .	A					
			UPSTRE/	AM	WITHIN 5	SERVICE CON	N .	A					
00700 ENTRY F	POINT		3		ENTRY PO	INT		A					
53549 WELL 2			2		WELL 2			A					
62505 TREATM	IENT PLANT												
				Con	tact Info	ormation							
Name					ganization							Job Title	
Mr. Ahmed Choud	lhrv				-	d Store, Inc.			Ow	ner			
Mailing Address Lin	-		Mailing Ad						Ci	-		State	Zip Cod
PO Box 126								Norw		~1		CT	06360
Business Phone	Extension	Fax		Mohi	le Phone	Emergency	Phone	-	-	ss			
860-608-9636	2.0001011	100							vay411(0.00	m	
Contact Role(s):	dministrative	Contact Leg	al Contact	. Own	er				-~,(
NOTE: This information						ustoms mainta	in come!	iance wi	th drink:	10 1404-	r aunt	itu monitor	ing require
	i nus seen provide	a to neip Owilei	s and operal	013 01	SUDIC WULLET S	ystems munita	compli	INTICE WI	ฉา นาทีที่ได้ได้	ig wull	, yuull	cy monitor	ng regulielli

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1140204	CITGO GAS STATION - PRESTON			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
37 ROUTE 2		Connections		1			
Towns Served: F	PRESTON	÷					

Please note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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	Connecticut Depa Water Qua								ection	
PWS ID	PWS Name				Classifi				ner Type	Primary Source
CT1141104	PRESTON PUBLIC LIBRARY				N		25		L	GW
	/here applicable)		Service	Resident		mmercia		ustrial	Combine	-
389 ROUTE 2			Connectio			1		astriar	combine	
Towns Served: P	RESTON					-				
		Moni	toring Re	quireme	nts					
Water System	Facility: DISTRIBUTION S			•						
Total Coliform Sampling P	o (3100) Point (Sampling Point ID)			Monitorii	na Perio	od Co	ollectio	1 rou on Period	-) per quarter liance Status
	Inventory of Active Samplin	g Points		10/1/23 -	-					Complete
	, ,	0		1/1/24 -						Complete
				4/1/24 -						•
				7/1/24 -						
Physical Paran	neters (PPS)			. ,	. ,-			1 roi	utine (RT) per quarter
Sampling P	oint (Sampling Point ID)			Monitorii	ng Perio	od Co	ollectio	n Period	Сотр	liance Status
Select from	Inventory of Active Samplin	g Points		10/1/23 -	12/31/2	23			C	Complete
				1/1/24 -	3/31/24	4			C	Complete
				4/1/24 -	6/30/24	4				
				7/1/24 -	9/30/24	4				
Water System	Facility: ENTRY POINT (WSF ID: 00700))							
Nitrate And N	itrite (NOX)							1	routine	(RT) per year
Sampling P	oint (Sampling Point ID)			Monitorii	n <mark>g Peri</mark> c	od Co	ollectio	n Period	Сотр	liance Status
ENTRY POIN	NT (3)			1/1/23 - 2	12/31/2	23			C	Complete
				1/1/24 - 1	12/31/2					Complete
				1/1/25 - 1	12/31/2	25				
		Other	Compliar	nce Sched	ules					
Compliance Sche	edule Activity			L	Due Dat	te	-	Achieved	Date	
CROSS CONNECT	TION EXEMPTION				3/1/202	.4				
	Water S	System Faci	ility and S	Sampling	Point	t Inve	ntory	1		
Water		•	•				-	Lead and	1	
System Wate	er System Facility	Sampling Poin				Coli	form	Copper		Stage
Facility ID		ID	Descriptio	n	Sta	tus R	ule	Rule Tier	Asbesto	s WQP 2 DBPF
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUT	FION SYSTEM	A	۸	Y			
		DOWNSTREAM	M WITHIN 5	SERVICE CON	I A	۱.				
		UPSTREAM	WITHIN 5	SERVICE CON	I A	١				
00700 ENTR	Y POINT	3	ENTRY PO	INT	A	4				
48777 WELL	. 1	2	WELL 1		A	٩				
		Со	ntact Inf	ormation						
Name			Organization						Job Title	
Preston										
Mailing Address	Line One	Mailing Addre	ess Line Two				City	/	State	Zip Code
Duration Di	- Estan 1 - E		hile Di	E	DL	F				
Business Phon	e Extension Fax	Mo	bile Phone	Emergency	Phone	Email A	adress			
Contact Polo(c):	Owner									
Contact Role(s):	Owner									

		· · · · ·	-)		- 0 -		I ⁻ -					
PWS ID	PWS Name						Classi	fication	Population	Owr	ner Type	Primary Source
CT1141104	PRESTON PUBLI	C LIBRARY						NC	25		L	GW
Local Address (wh	nere applicable)				Service	Reside	ntial C	ommercia	al Industri	ial	Combined	Agricultural
389 ROUTE 2					Connection	าร		1				
Towns Served: PF	RESTON											
Name				0	rganization						Job Title	
Mr. Robert M Co	ngdon			Тс	own of Presto	on			First Sele	ctmar	า	
Mailing Address L	ine One		Mailing A	ddres	s Line Two				City		State	Zip Code
Town Hall			389 Route	e 2				Prestor	۱		СТ	06365
Business Phone	e Extension	Fax		Mobi	ile Phone	Emergend	y Phon	e Email A	ddress			
860-887-5581		860-885-	1905					congdo	n@preston	-ct.or	rg	
Contact Role(s):	Legal Contact		· ·									
Name	•			0	rganization						Job Title	
Mr. Joseph Cansl	er			SC	CWA				General N	Mana	ger	
Mailing Address L	ine One		Mailing A	ddres	s Line Two				City		State	Zip Code
P.O. Box 415			1649 Rout	te 12				Gales F	erry		СТ	06335-0415
Business Phone	e Extension	Fax		Mobi	ile Phone	Emergend	y Phon	e Email A	ddress			
860-464-0232		860-464-	2876	860-9	941-3406			j.cansle	er@waterau	ıthori	ty.org	
Contact Role(s):	Administrative	Contact	· ·									
Please note the f	ollowing:											
1. The residual dis	sinfectant concent	ration must b	e measured	at the	e same locatio	on and time	as each	total colifo	orm sample.			

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	cut Departmo					<u> </u>		ection	
	iter Quality I	lonit	coring a	and Con	1				
PWS ID PWS Name					Classifi		-		Primary Source
	MUNITY PARK - 10 L	NCOLN			N		25	Р	GW
Local Address (where applicable			Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
10 LINCOLN ROAD			Connectio	ons		1			
Towns Served: PRESTON									
			-	quireme	nts				
Water System Facility: DIST	RIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (3100)									per quarter
Sampling Point (Sampling I				Monitori	-		lection Period	Compl	iance Status
Select from Inventory of Ac	tive Sampling Points			4/1/24 -					
				7/1/24 -	9/30/2	4			
Physical Parameters (PPS)								• •	per quarter
Sampling Point (Sampling I				Monitori	-		lection Period	Compl	iance Status
Select from Inventory of Ac	tive Sampling Points			4/1/24 -					
				7/1/24 -	9/30/2	4			
Water System Facility: ENTR	RY POINT (WSF ID:	00700)							
Nitrate And Nitrite (NOX)								-	RT) per year
Sampling Point (Sampling I	Point ID)			Monitori	ng Perio	od Col	lection Period	Compl	iance Status
ENTRY POINT (3)				1/1/23 -	12/31/2	23		C	omplete
				1/1/24 -	12/31/2	24			
				1/1/25 -	12/31/2	25			
	0	ther C	ompliar	ice Sched	lules				
Compliance Schedule Activity				1	Due Dat	te	Achieved	Date	
SEASONAL START UP COMPLETIC	ON				4/1/202	.4			
	Water System	n Facil	ity and S	Sampling	Point	t Inven	tory		
Water						Tot		1	_
System Water System Facility		-	Sampling				orm Copper	A - 1 1	Stage
Facility ID			Descriptio		Sta	<i>lus</i>	le Ruie Hei	r Aspestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		4	DISTRIBUT	-	. A				
				SERVICE CON					
		REAM		SERVICE CON					
00700 ENTRY POINT		3	ENTRY PO	INT	A				
54784 WELL 1		2	WELL 1		4	4			
		1		ormation	1		1		
Name			rganization					Job Title	
Ms. Gail Rigney	1			s & Recreatio	on	1			
Mailing Address Line One	Mailin	g Addres	s Line Two				City	State	Zip Code
389 Route 2		1				Preston		СТ	06365
Business Phone Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		
860-889-2482	860-885-0171								
Contact Role(s): Legal Contact									

							- P			-		
PWS ID	PWS Name					Classification			Population	Owner Typ	e P	rimary Source
СТ1149044	PRESTON COMP	NUNITY PAR	K - 10 LINC	10 LINCOLN RD			N	IC	25	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Comb	ined	Agricultural
10 LINCOLN ROA	D				Connections	S		1				
Towns Served: P	RESTON								,		-	
Name				Or	ganization					Job T	itle	
Mr. Joseph Cans	ler			SC	WA				General N	lanager		
Mailing Address	Line One		Mailing A	ddress	Line Two				City	Stat	e	Zip Code
P.O. Box 415			1649 Rou	ite 12				Gales F	erry	СТ		06335-0415
Business Phone	e Extension	Fax		Mobil	e Phone I	Emergency	/ Phone	Email A	Address	i		
860-464-0232		860-464-	2876	860-9	41-3406			j.cansle	j.cansler@waterauthority.org			
Contact Role(s):	Administrative	Contact	l		L							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

	Connection	it Dopar	tmonto	f Dublic	Hoalth	Drin	king		tor So	ction	
	Connectic	•					<u> </u>			CUOII	
		er Qual	ity Moni	toring a	ind Com	A					
	PWS Name							-			Primary Source
	BESTWAY CONVE	NIENCE STO	RE			N	-	25		Р	GW
Local Address (w				Service	Resident	ial Co	mmercial	Inc	dustrial	Combined	d Agricultural
397 NORWICH W	ESTERLY ROAD			Connectio	ons		1				
Towns Served: PI	RESTON										
					quiremer	nts					
Water System F	•	BUTION SYS	STEM (WSF	ID: 00600)							
Total Coliform	• •								1 rou		per quarter
	oint (Sampling Po				Monitorin	-		lectio	on Period		liance Status
Select from	Inventory of Activ	ve Sampling F	Points		10/1/23 - 1					C	omplete
					1/1/24 - 3						
					4/1/24 -						
					7/1/24 - 9	9/30/2	4				
Physical Param										• •	per quarter
	pint (Sampling Po				Monitorin	-		lectio	on Period		liance Status
Select from	Inventory of Activ	ve Sampling F	Points		10/1/23 - 1					C	omplete
					1/1/24 - 3						
					4/1/24 - 0						
					7/1/24 - 9	9/30/2	4				
Water System F		POINT (W	SF ID: 00700)							
Nitrate And Ni		1 (()								-	RT) per year
	pint (Sampling Po	oint ID)			Monitorin	-		iectio	on Period		liance Status
ENTRY POIN	1 (3)				1/1/23 - 1					C	omplete
					1/1/24 - 1						
		Mator Cu	atom Faci		1/1/25 - 1						
		water Sy	stem Faci	lity and s	Sampling	Point			-		
Water	System Facility	c	ampling Poin	t Samplina	Point		Tot		Lead and Copper		Stage
Facility ID	System ruenty		ID	Descriptio		Sta	D			Asbestos	WQP 2 DBPR
-	IBUTION SYSTEM		4		ION SYSTEM	<u> 510</u> A	lus				
		C			SERVICE CON						
		-	UPSTREAM		SERVICE CON						
00700 ENTR	POINT		3	ENTRY PO		Δ					
61034 WELL			2	WELL #1		Д					
					ormation						
Name			I	Organization						Job Title	
Mr. Rizwan Jame	el									JUD HUC	
		n	Aailing Addre	ss Line Two				Cit	v	State	Zip Code
Mailing Address							Norwich			CT	06360
Mailing Address P.O. Box 126											
P.O. Box 126	e Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ad	dress	S		
		Fax	Mol	bile Phone	Emergency	Phone					
P.O. Box 126 Business Phone 860-608-9636				bile Phone	Emergency	Phone			s Øyahoo.co		

PWS ID	PWS Name			Classification	Populatio	n O	wner Type	Primary Source
CT1149054	BESTWAY CONVENIENCE STORE			NC	25		Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commer	cial Indus	trial	Combine	ed Agricultural
397 NORWICH \	WESTERLY ROAD	Connections		1				
Towns Served:	PRESTON							·

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